Spress PATENTA CELLER CONTRACTOR CENTER CENT

Pracitioner's Docket No. 1012-001(98-23)

OCT 0 7 2002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

HTE application of: Mansky, Paul et al.

Application No.: 09/210,485

Filed: 12/11/1998

Group No.: 2858

Examiner: H. Wachsman

For: APPARATUS FOR RAPID SENSOR-ARRAY BASED MATERIALS CHARACTERIZATION

Commissioner for Patents Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

[x] deposited with the United States Postal Service with sufficient postage as "Express Mail Post Office to Addressee" Mail Label No. EV178319829US in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231.

Data: 10- 17- 12)

FACSIMILE

transmitted by facsimile to the Patent and Trademark Office.

Signature

RONI L. MASQUELIER

(type or print name of person certifying)

(Amendment Transmittal--page 1)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)SMALL ENTITY					
	Claims Remainir After mendme	Ü	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee			
Total	466	Minus	474	= 0	x \$9 =	\$0			_
Indep.	24	Minus	24	= 0	x \$42 =	\$0	·		
First Pre	sentation	n of Mult	iple Depender	nt Claim	+ \$140 =	=\$0			
					Total Addit. Fee	\$0		-	

No additional fee for claims is required.

FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 50-0496. If any additional fee for claims is required, charge Account No. 50-0496.

Date: // - 7 - // 2

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